

15/5/2010

INS. CASE OWNER:

Yvonne

CC 7/AXA1901 4126, K 463

LKK:

IDAC:

Surveyor:

KENNETH

DOI:

ASSIGNMENT

16/08/19

Date / Time :

14/8/19.

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SFX 66m.

Name of Insured :

HEE THIAM SOON

Insured Tel No. :

HP:

Excess Sec II :S\$

D.O.A :

12/8/19.

Is driver the owner?

(YES / NO)

Nature of Accident :

Claim No. :

S9mo1WRG | 131151

Policy No. :

GA 131151

Make / Model :

HONDA

Place of Accident :

JB CUSTOM (THAS)

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

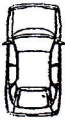
OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SLF 493L

INSRS:
WSP:
Tel:
Liability:
RMKS:BH
AutoINSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLF 493L - X	Non-Reporting ltr (1st):	
	SFX 66m - 15/8/19 1901 4126 / End 35000: 14/8/19	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
27/8/19	Confirm accident details letter and call	Call OI:	27/8/19
		After call ltr to OI:	Yvonne
		Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	☐ ☐
		After call ltr to OI:	☒ ☐
		Authorisation To Act:	☒ ☐
		Release Voucher:	☒ ☐
		Final Repair Bill:	☒ ☐
		Car Rental Invoice:	☐ ☐
		Towing Invoice:	☐ ☐
		LTA / GIA:	☒ ☐
		Medical Bill:	☐ ☐
		PIR:	☐ ☐
		Mandate/Reject Instruction:	☒ ☐
		LOD	☒ ☐
		Payment Breakdown Form:	☐ ☐
		Post-Repair Photos:	☐ ☐
		Others:	☐ ☐

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: 16	S\$ 1,000.00	(2 days) Reduction: 79 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 27/10/20	Confirm with: WONG ZHONG	Email ☒ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (w/loss)	S\$ 1,070.00		(OI 12012 - 10000 TP)
Loss of Rental (LOR):	S\$ -	(days)	
Loss of Use (LOU):	S\$ 180.00	(\$ 60 x 3 days)	
Loss of Income (LOI):	S\$ -	(\$ x days)	
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LO ☐	[Tick only one]	
GIA/LTA Search	S\$ 2.00		
Medical:	S\$ -		
Disbursement:	S\$ -	(e.g. Tow/ Independent)	
Legal Cost	S\$ -		
Total:	S\$ 1,252.00	Global Sum S\$: 1,250.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S\$ 1,250.00	Name 1: BH AUTO SERVICES PTE LTD	
Payee 2: (Strike if N.A.)	S\$ -	Name 2:	
Payee 3: (Strike if N.A.)	S\$ -	Name 3:	